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PATENT & TRADEMARK OFFICE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

#3

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter, which is claimed and for which a patent is sought on the invention entitled: "Novel, specific inhibitors of acute and chronic inflammation"

the specification of which
☐ is attached hereto.
☒ was filed on 02.11.2001 as United States Application Number or PCT International Application Number 097986,522 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior foreign application(s)		Date of Filing (day/month/year)	Priority Claimed	
Country	Application Number		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Sweden	9901615-6	05.05.1999	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number: _____ Filing Date: _____
Application Number: _____ Filing Date: _____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below and; insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Serial Number: _____	Parent Filing Date: _____	Parent Patent No: _____
U.S. Parent Application Serial Number: _____	Parent Filing Date: _____	Parent Patent No: _____
PCT Parent Number: PCT/SE00/00827	Parent Filing Date: 02.05.2000	

POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole first inventor (given name, family name): Srinivas Uppugunduri

Inventor's signature: *Srinivas* Date: 7th Nov 2001

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Full name of second joint inventor (given name, family name):

Inventor's signature: Date:

Residence: Citizenship:

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Full name of third joint inventor (given, name, family name):

Inventor's signature: Date:

Residence: Citizenship:

Post Office address:

Full name of fourth joint inventor (given, name, family name):

Inventor's signature: Date:

Residence: Citizenship:

Post Office address:

☐ Additional inventors are being named on separately numbered sheets attached hereto.

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